**Nomination form**

2024 Excellence Awards

Should you have any questions about this nomination form or entry requirements, please contact Kim at support@icnzb.org.nz

**YOUR DETAILS**

Details of the person completing this nomination form.

|  |  |
| --- | --- |
| **Name** |  |
| **Phone** |  |
| **Email** |  |
| **Are you an ICNZB member?** | * Yes
* No
 |
| **Nomination type** | * Self nomination
* Peer nomination
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**NOMINEE DETAILS**

Details of the individual or business being nominated for this award. Please complete a separate entry for each award application.

|  |  |
| --- | --- |
| **Nominee’s name** |  |
| **Business name** |  |
| **Phone** |  |
| **Email** |  |
| **Category for nomination** | * Bookkeeper of the Year
* Bookkeeping Trainer of the Year – Gayle Buchanan Memorial Trophy
* Bookkeeping Business of the Year
* Community Contributor of the Year
 | * Emerging Bookkeeper of the Year
* Sustainable Business of the Year
* Service to Bookkeeping Award\*
* Bookkeeping Employee of the Year
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|  | \*Please note only peer nominations will be accepted for this award |
| **Reasons for nomination**Please be as detailed and specific as possible in your explanation. If required, please attach a separate document. For ideas on what to write about, please refer to our website awards page. |
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